

Detention Pond/Wetland
Inspection and Maintenance Checklist
for Long Term Maintenance of Post-Construction BMPs

Facility Name: _____

Location: _____

Inspector(s): _____

Date and Time of Inspection: _____

Party Responsible for Maintenance:

Contact:

Phone Number:

E-mail:

0 = Good condition. Well maintained, no action required.
 1 = Moderate condition. Adequately maintained, routine maintenance needed.
 2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.
 3 = Serious condition. Immediate need for repair or replacement.

<i>Key Questions</i>		X	Comments
1. Type of stormwater pond or wetland (check all that apply)			
a. Permanent pool sized for full WQv	<input type="checkbox"/>		
OR			
Shallow wetland sized for full WQv	<input type="checkbox"/>		
OR			
Micropool	<input type="checkbox"/>		
b. Extended detention	<input type="checkbox"/>		
c. Ties into groundwater	<input type="checkbox"/>		
d. Pond with some wetland plantings	<input type="checkbox"/>		
e. Multiple pond system	<input type="checkbox"/>		
2. Type of wetland			
a. Emergent	<input type="checkbox"/>		
b. Forested	<input type="checkbox"/>		
3. Type of pretreatment facility			
a. Sediment forebay	<input type="checkbox"/>	Type of pretreatment facility:	
b. Grass filter strip	<input type="checkbox"/>		
c. Other	<input type="checkbox"/>		

A. Contributing Drainage Area	
<input type="checkbox"/> Inspected	
<input type="checkbox"/> Not Inspected	
Item	Comments
1. Excessive trash/debris	0 1 2 3 N/A
2. Bare/exposed soil	0 1 2 3 N/A
3. Evidence of erosion	0 1 2 3 N/A
4. Excessive landscape waste/yard clippings	0 1 2 3 N/A

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B. Pretreatment						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
	Item					Comments
1.	Maintenance access to pretreatment facility	0	1	2	3	N/A
2.	Excessive trash/debris accumulation	0	1	2	3	N/A
3.	Excessive sediment accumulation	0	1	2	3	N/A Sediment marker reading:
4.	Evidence of clogging	0	1	2	3	N/A
5.	Dead vegetation/exposed soil	0	1	2	3	N/A
6.	Evidence of erosion	0	1	2	3	N/A

C. Inlets						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
	Item					Comments
1.	Inlets provide stable conveyance into facility	0	1	2	3	N/A
2.	Excessive trash/debris/sediment accumulation at inlet	0	1	2	3	N/A
3.	Evidence of erosion at/around inlet	0	1	2	3	N/A

D. Facility						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
	Item					Comments
1.	Maintenance access to facility	0	1	2	3	N/A
2.	Sediment accumulation	0	1	2	3	N/A
	a. Bathymetric study recommended	<input type="checkbox"/>				
3.	Abnormally high or low water levels	0	1	2	3	N/A Cause:
4.	Evidence of pollution/hotspot runoff	0	1	2	3	N/A Cause:
5.	Berm(s)/embankment(s)	0	1	2	3	N/A
	a. Cracking, bulging or sloughing	0	1	2	3	N/A
	b. Soft spots or sinkholes	0	1	2	3	N/A
	c. Evidence of erosion	0	1	2	3	N/A
	d. Evidence of animal burrows	0	1	2	3	N/A
	e. Presence of woody vegetation	0	1	2	3	N/A
6.	Riser/outlet	0	1	2	3	N/A Type of riser:
	a. Maintenance access to riser	0	1	2	3	N/A
	b. Structural condition of riser	0	1	2	3	N/A
	c. Condition of joints	0	1	2	3	N/A
	d. Trash/debris accumulation	0	1	2	3	N/A

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7.	Low flow orifice	0	1	2	3	N/A
	a. Trash/debris accumulation	0	1	2	3	N/A
	b. Adjustable control valve accessible and operational	0	1	2	3	N/A
8.	Pond drain (underdrain) system	0	1	2	3	N/A
	a. Broken	<input type="checkbox"/>				
	b. Clogged	<input type="checkbox"/>				
	c. Adjustable control valve accessible and operational	0	1	2	3	N/A
9.	Vegetation	0	1	2	3	N/A
	a. Plant composition consistent with approved plans	0	1	2	3	N/A
	b. Presence of invasive species/weeds	0	1	2	3	N/A
	c. Dead vegetation/exposed soil	0	1	2	3	N/A
	d. Reinforcement planting recommended	<input type="checkbox"/>				

E. Outlets						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
Item		Comments				
1.	Outlets provide stable conveyance out of facility	0	1	2	3	N/A
2.	Excessive trash/debris/sediment accumulation at outlet	0	1	2	3	N/A
3.	Evidence of erosion at/around outlet	0	1	2	3	N/A

F. Miscellaneous						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
Item		Comments				
1.	Complaints from local residents	0	1	2	3	N/A
2.	Mosquito proliferation	0	1	2	3	N/A
3.	Encroachment on facility or easement by buildings or other structures	0	1	2	3	N/A
4.	Adequate safety signage	0	1	2	3	N/A

Inspector's Summary:						

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Inspector's Summary (Continued):

Sketch of Facility

(note problem areas)